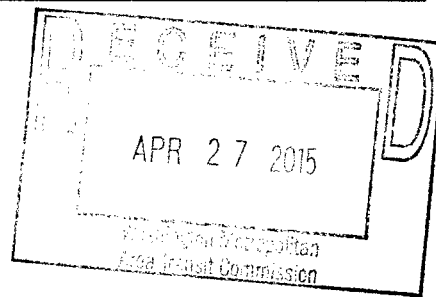


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1913 Mobilize-u-llc

*WMATC No. *Name of Carrier (as shown on certificate of authority)

2602 st. josephs drive		Bowie	md	20721
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
301-455- 5867	240-280-6464	404-592-6720	customerservice@mobilizeuinc.com	

*Telephone	Other Telephone	Fax	E-mail
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2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Vibert Defreitas President

*Name	*Title		
301-455-5867	240-280-6464	404-592-6720	customerservice@mobilizeuinc.com

*Telephone	Other Telephone	Fax	E-mail
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4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
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Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
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5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2005	Nissan	5n1bv28u65n107458	53479b	Md	(6)	No
	2006	Dodge	1d4gp24r96b749006	53542b	Md	(6)	No
	2010	Dodge	2d4rn6dx5ar435402	55190b	Md	(6)	No
	2011	Dodge	2d4rn4dg8br715028	55191b	Md	(6)	Yes

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Vibert Defreitas

*Name (type or print)

President

*Title (not required for sole proprietors)

*Signature

*Date